## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

03226,158001

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN   |  |   |                  |                               |                              |                  |            |                     |                        |               |                     | THAN                   |  |
|--|--|---|------------------|-------------------------------|------------------------------|------------------|------------|---------------------|------------------------|---------------|---------------------|------------------------|--|
|  |  |   | (Column 1)       |                               | (Column 2)                   |                  |            | TYPE                |                        | OR            | SMALL               | SMALL ENTITY           |  |
| TOTAL CLAIMS   |  |   | 15               |                               |                              |                  |            | RATE                | FEE                    |               | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILEO     |                               | NUMBER EXTRA                 |                  |            | BASIC FEE           | 370.00                 | OR            | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | " minus 20=      |                               | • 0                          |                  |            | X\$ 9=              | ,                      | OR            | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |   | = 3 minus 3      |                               | • 0                          |                  |            | X42=                |                        | OR            | X84=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                  |                               |                              |                  |            | +140=               |                        | OR            | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter   |  |   |                  |                               | r "0" in c                   | olumn 2          | ı          | TOTAL               |                        | OR            | TOTAL               | 740                    |  |
|  | C  | LAIMS AS A                                | - PAR            | TII                           |                              |                  | ·          |                     | •                      | OTHER         |                     |                        |  |
| (Column 1) (Column   |  |   |                  |                               |                              | (Column 3)       | <u> </u>   | SMALL               | ENTITY                 | OR            | SMALL               | ENTITY                 |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVII<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 15                                      | Minus            | "al                           | 0                            | =                |            | X\$ 9=              |                        | <del>OR</del> | _X\$18              |                        |  |
|  | Independent                                    | . 3                                       | Minus            | ***                           | 2                            |                  | $\Box$     | X42=                |                        | OR            | X84=                |                        |  |
|  | FIRST PRESE                                    | NTATION OF MI                             | JETIRLE.DEE      | ENUEN                         | CLAIM                        |                  | ]          | +140=               |                        | OR            | +280=               |                        |  |
|  |  |   |                  |                               |                              |                  |            | TOTAL<br>ADDIT. FEE |                        | 00            | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                  |                               |                              |                  |            |                     |                        |               | ADDITION CEL        | -                      |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus            | **                            |                              | =                | ▋┃         | X\$ 9=              |                        | OR            | X\$18=              | ·                      |  |
|  | Independent                                    | •   | Minus            | ***                           |                              | -                | ╛╏         | X42=                |                        | OR            | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                               |                              |                  | ┛╽         | +140=               |                        | OR            | +280=               |                        |  |
|  |  |   |                  |                               |                              |                  |            | TOTAL               |                        | OR            | TOTAL<br>ADDIT, FEE |                        |  |
|  |  | (Column_1)                                |                  | (Colu                         | mn 2)                        | (Column 3)       |            | ADDIT. FEE          |                        | '             | NUUII. FEEI         |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVI          | HEST                         | PRESENT<br>EXTRA | <u>]</u> [ | RATE                | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus            | **                            |                              | =                | ] [        | X\$ 9=              |                        | OR            | X\$18=              |                        |  |
|  | Independent                                    | •   | Minus            | ***                           |                              | =                | ] [        | X42=                | -                      | OR            | X84=                |                        |  |
| Ø  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                               |                              |                  | ┚┟         |                     |                        |               |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                |  |   |                  |                               |                              |                  |            |                     | OR                     | +280=         |                     |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE |  |   |                  |                               |                              |                  |            |                     | OR ,                   | ADDIT. FEE    | L                   |                        |  |
|  | The 'Highest Num                               | ber Previously Pa                         | d For" (Total or | Independ                      | lent) is the                 | nighest numb     | er fou     | nd in the app       | ropriate box           | in col        | umn 1.              |                        |  |